Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK / IF LOAN

Name (print)

Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE	AMOUNT
OF EACH	OF EACH
CONTRIBUTION	CONTRIBUTION

DATE	AMOUNT
OF EACH	OF EACH
CONTRIBUTION	CONTRIBUTION

Name (print)

Office (if applicable)

District (if applicable)

Expenses Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	Е
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
**Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

CAMPAIGN EXPENSES

REPORT PERIOD Number 2

National Republican Legislators Association

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON,	CATEGORY	DATE OF EACH	AMOUNT OF
GROUP OR ORGANIZATION WHO		EXPENSE	EACH EXPENSE
RECEIVED THE PAYMENT FOR THE EXPENSE(S)			
			

Name (print)

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE	AMOUNT	
OF EACH	OF EACH	CATEGORY
EXPENSE	EXPENSE	

	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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REPORT	PERIOD	Number 2
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2.7	VIAI L.	TIULP	CONTRIDU	TIONS

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH	DESCRIPTION OF	VALUE OR COST	CHECK /
	IN KIND	EACH IN KIND	OF EACH IN KIND	HERE IF
	CONTRIBUTION	CONTRIBUTION	CONTRIBUTION	LOAN

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION
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National Republican Legislators Association

Name (print) Office

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO	DESCRIPT EACH IN K	DATE OF EACH IN KIND	VALUE OR COST OF
RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	EXPENSE	EXPENSE	EACH IN KIND EXPENSE

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

OF EACH IN KIND	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
EATENSE	NIND EAFENSE	AND EXTENSE